Percy, Constance 1998

Dr. Constance Percy Oral History 1998

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National Cancer Institute History Project

Interview with Constance Percy

Conducted on July 16, 1998, by Gretchen Case

Dr. Percy's Office, Rockville, Maryland

GC: Could you just say your name so I can check the voice levels?

CP: This is Constance Percy.

GC: All right.

CP: I have a [business] card.

GC: Oh, good. This is Gretchen Case, talking with Constance Percy. Today is July 16, 1998, at 11:00 a.m. in her office in Rockville, Maryland, at Executive Plaza Offices of the National Cancer Institute.

CP: Do you need more than one?

GC: I think one will be great! Thank you.

CP: Okay.

GC: I'll trade you.

CP: The card gives my exact title.

GC: Expert on classification and nomenclature of neoplasms. [Reading off card]. That's great. You're an expert!

CP: Yes, I'm an expert. [Laughs]

GC: Well, do you want to start by just telling me how you came in to cancer research in general, what your background was and what brought you to cancer research.

CP: Yes. Well, I lived in New York for fifty years. During that period, after my husband died I needed to go to work, because I had two little children. I got offered a job with the American Cancer Society. I went to work for them in 1947 and I worked there for over twenty years, until 1970, when I was asked to come to interview at the National Cancer Institute for a position here. Dr. Thomas, who you know, who I had been already working with on some projects, sponsored me, and Dr. John Berg, who I told you about.

GC: And he's in Denver right now?

CP: And the biggest persuasion was that my daughter, my youngest daughter, was already living here, because she had gone to American University and she stayed on for graduate the year that I moved here she got married to somebody from here and they lived here as well as I did. So, that's why I came.

And at the time, Dr. John Bailar was just starting the third National Cancer Survey. There had been previous ones in 1944[1] and 1955[2]. The first one was done by Dr. Harold Dorn, which we call the first National Cancer Survey, and the surveys were to determine the incidence of cancer in the United States. Naturally we couldn't collect every case in the United States, so they had to do a sample. So, this is all recorded in the first National Cancer Survey by Dr. Dorn.

I believe they wanted to do this every ten years and, unfortunately, Dr. Dorn died. So in 1955 the second National Cancer Survey was started and this is all elaborated.

If you want to know about the ten city studies, the introduction of these books tells you. *Illness from Cancer in the United States* and *Morbidity from Cancer in the United States*.

And, as I said, when I asked one girl who was here before I was, four or five years before, I said, "Did you participate in the first National Cancer Survey?" And she said, "That was the year I was born." So, she was very insulted.

Now, naturally, we used to hear there was a very learned man as head of the Pathology Department, Dr. Harold Stewart, and he was one of the founders of the NCI. And, unfortunately, he died only a few months ago, so if you had started this six months ago, he would have told much better than I can tell you about the formation of the NCI, which took place originally in Boston, at Harvard. There was no campus or anything here. So, I think they worked out of Harvard for a few years and then they got a place here. There should be people, there are a few people who are old or older than I am that might tell you better. Dr. [Joseph F.] Fraumeni, have you ever heard of him?

GC: Yes.

CP: Of course, he's here a long time. And you are going to contact Dr. Thomas from the Pathology Lab.

GC: Right.

CP: And we were interested, I had worked with Dr. Thomas on nomenclature when we published Systematized Nomenclature of Pathology. This was an effort of the College of Pathology, which is located in Chicago.

GC: This is the Systematized Nomenclature of Pathology.

CP: Yes. Get to the first page. This is all stuck in. [Looking through a book] These were the original pathologists who worked on this book.

GC: This is the front page of the book.

CP: Yes. It was a committee of pathologists and me. I was the only nonpathologist except my boss, Dr. [Cuyler] Hammond, who was from the American Cancer Society, and as I told you, I worked for the American Cancer Society. So when he heard of this project, he assigned me as a member of the American Cancer Society to work with these people. They actually worked at the American Cancer Society with me because they needed my technical expertise.

GC: Okay.

CP: We had a lot of experts at that time, but I think it says someplace here . . .

GC: So this was while you were still in New York. Is that right?

CP: We started it when I was in New York, yes. And then when I moved here . . . of course, this was published in 1965. That was while I was still with the American Cancer Society. And I didn't come here, as I said, until 1970.

GC: Right.

CP: So this was just one of my sidelines.

GC: Oh, really?

CP: Yes. Because these surveys that we did, like the third National, this was the first that I worked on. There had been a second, and a first survey. We didn't survey the whole United States. We did samples of places.

GC: And that's why it's called the Ten City Survey, which was the first.

CP: That's right. The first one was done in ten different cities. The ten areas are listed here. "Source of data: Atlanta; Pittsburgh; Detroit; Chicago; New Orleans; Dallas and Fort Worth; San Francisco and Alameda County, in California, which is one of the counties next to San Francisco; Birmingham, Alabama; Philadelphia; and Denver." That's where the first study was done. These were supposed to be samples to represent the whole United States.

GC: They were chosen to represent different parts of the country?

CP: Yes. But they were big cities, all of them. Now, when they went to the second, they were all big metropolitan areas. In the "resurvey," they call it here, in the second National one, each of the original areas except Fort Worth, Texas, cooperated in the resurvey.

GC: So there were only nine city areas that time?

CP: I guess so. I presume they list them somewhere. Now, to continue Dr. Stewart's story of the founding of the NCI, eventually they moved to Bethesda. I presume you've gone into the buildings, the first building and so forth, that was built here.

GC: I think so.

CP: Yes. Well, I think that's where the first people were located, in Stone House, until they built.

GC: Building 6 was the first to go up.

CP: Building 6, I think, was the first one. Yes. The Pathology Lab was located in Building 6. I think Dr. Thomas can tell you better. But a tremendous number of us were always and still are, as you can see, located what we call off-campus. When I came, we were located in, you know where the Bank of, I always say Bank of Bethesda, which is now Crestar Bank, at the intersection of East-West Highway and where Old Georgetown goes this way and, well, it's called Wisconsin there. There's a building called—which was eventually bought by the government—it was called the Wiscon Building. When the government bought it, they called it the Federal Building. Already the buildings on the campus were insufficient, but I think Building 6 was one of the first. The Clinical Center had opened only a little before I came, I think.

GC: It opened in 1953.

CP: 1953 it was? Okay, then, that's fine. And what about Building 1?

GC: That would have been in the 1940s sometime, early 1940s. I'm not sure of the date.

CP: I presumed that was the first building, since its called Building 1. But I know it wasn't, because I know Building 6 was.

GC: Right. I don't know that date. I'd have to look that one up.

CP: Yes.

GC: So, were you ever on campus?

CP: Never.

GC: You were never on campus?

CP: Never. None of us ever were.

GC: So you went from the Wiscon Building up here?

CP: Oh no. That would be a few pages.

GC: Okay.

CP: We were in Silver Spring, in Blair House. Do you know where the Blair Buildings are?

GC: I think so.

CP: Right by the subway. Well, there's a building with an address where East-West Highway runs into the street that goes under the trains.

GC: Is that Georgia Avenue?

CP: Yes. There used to be a restaurant there. I think they're just building a new one. Well, we were there ten years, in the Landow Building.

GC: I didn't realize there were so many offices spread out.

CP: Yes. Well, eventually we were driven out by Mr. [Nathan] Landow. Of course, he could, they got, the government got it real cheap the first time, because he wanted to occupy it quickly. And then he counted the days until he could get us out, because, of course, it was a fixed rent then and it was very cheap. If they'd get the government out, then they could get in and raise the rents. So, I don't know who is there now. But then I think we were in the Landow before the Blair Building. We went to the Blair Building and then, I think, we, so that's already we had the Federal Building, the Blair Building...

GC: The Landow.

CP: But you're more interested in where the Cancer Institute was. But that was always on the [main] campus, so that's good for you.

GC: Yes. Was your training, did you have a background in statistics or epidemiology before you came to the NCI?

CP: Yes, yes. I have a degree in public health. Before I came to the Cancer, to the American Cancer Society.

GC: Yes. And were you familiar with cancer in particular, or was this just an opportunity?

CP: Not when I got my degree. I mean, we were trained in all diseases. But when I went to the American Cancer Society, that was the first time I ever specialized in cancer. But I've been there ever since, from 1947 and we're now in 1997, 1998, so it's a long time: fifty years.

GC: Yes, it is. So, how was it making the transition from ACS to NCI? Was that a pretty smooth transition?

CP: Yes, because I maintained . . . through this nomenclature specialty I developed contacts [that are] still there. The American Cancer Society and NCI worked together, even though the American Cancer Society's primary thing is to raise money. But they had one small, I guess you'd call it, research department, which the statistics was.

I guess I should say that way back, probably of historical interest, in 1947, when I went to the American Cancer Society. The Society conducted a small study on men—I think they had to be between forty and fifty, and their smoking habits, and it was that very first study which, I guess some place I have a copy of or you certainly can get it in the library, was a study on the people who smoked. We chose men because they had the highest lung cancer rates, we felt they were the most concentrated, or had the highest incidence, let's say, of smoking. We started following them to see who died of lung cancer and everything else. I was always in charge of the death certificates part and of seeing what they died of. Because that was the main thing we were concerned with. The results were so startling. That all these men who smoked were the ones who died early. That was the beginning of some sort of proof that smoking caused not only cancer and heart disease but even other things.

GC: That was the first study that really showed that link?

CP: Yes. And I remember when we reported it, it was at an AMA meeting and, of course, it received great publicity.

GC: Were you there for that meeting?

CP: Yes. You know, that started it. At the same time Ernst Wynder was doing research and I had known him because the first job . . . I said I worked with the American Cancer Society, I worked at Memorial Hospital, Sloan-Kettering, in New York, in their Cancer Registry, to train to be a cancer registrar. I know I'm jumping a little around.

GC: That's fine.

CP: But that was really one of the first cancer registries. There was one in Connecticut, which Eleanor MacDonald and her sister Mary. . . Mary came to New York and ran the Registry at Memorial Hospital, and that was whom I first went to work with. I mean, I was assigned—it was a joint thing, by the American Cancer Society—to work there with her and that was when I got into cancer registries.

GC: So it sounds like this was the very beginning of cancer registries in general.

CP: Yes, it was. Connecticut has always claimed being the first Cancer Registry, and I guess it was, because they had their fiftieth anniversary, oh, quite some time ago.

GC: Do you know what prompted this interest? Why all of a sudden was there an interest in having cancer registries?

CP: Well, I think, I don't know if it's documented. I have a book—it may document this a little better—that was put out at the time of the fiftieth anniversary of the Connecticut Cancer Registry, and the man, Jack Flannery, who just retired last year, I think he could give you more details.

GC: And he was with the Connecticut Cancer Registry in Hartford, Connecticut?

CP: Yes, and Massachusetts Cancer Registry in Boston, they were interested. But you see, their interest with Louis Thomas being there and Dr. Stewart being there. That was much more the formation of NCI. You can get from him [Dr. Thomas] more of the details. I looked at Dr. Stewart's obituary but, unfortunately, he didn't tell all the details about forming the Institute, I mean, that obituary doesn't.

GC: Yes, it doesn't give very much. I've seen it.

CP: You saw it?

GC: Yes, I had hoped to interview him, but he was already very ill by the time I contacted him.

CP: That was too bad, but, you see, Dr. Thomas took over as head of the laboratories from him, and you're going to go and see him.

GC: Yes.

CP: But certainly, a young person at the time who I was with yesterday and am doing work with now is Dr. Elaine [S.] Jaffe who is still a pathologist in the Pathology Department.

GC: And she worked with you all on the second and third surveys?

CP: No. She had nothing to do with it. She is just a pathologist.

GC: Oh, okay.

CP: And she worked for Dr., or I guess I would say, *with* Dr. Thomas. Now, whether she remembers and can give you more of a clinical pathologic formation in the Clinical Center; because, as long as I remember she probably came about the same time that I did.

GC: Okay. You said John Bailar did the original survey? Is that correct?

CP: He was the one that brought me here.

GC: Okay. John Bailar did.

CP: Yes. And I worked for him for the third National Cancer Survey. He had a lot of various jobs in the Institute. I think now he is in Chicago.

GC: Either in Chicago, or, yes, you're right, Chicago.

CP: He may still work and keep his contact in Canada.

GC: Because he was in Toronto for a while?

CP: Yes.

GC: Okay. When I talked to Dr. Stewart, he said that these earlier nomenclatures were not very useful to pathologists because they didn't give enough morphologic detail, or they didn't allow for enough detail, and that some of the work you all were doing was to kind of correct this.

CP: Well, there had always been an International Classification of Diseases classification which is put out by WHO.

GC: The World Health Organization.

CP: Yes. There would just be one chapter on neoplasms, chapter 2, and all it was, really, was what we call today topography, the site of the cancer. We talk about breast cancers, we talk about stomach cancers, and that is all they identified, except for a few, what we call morphologic types, like leukemia, lymphomas, and melanoma.

GC: So it classified cancers by the site rather than by morphology.

CP: Yes, what we were interested in as pathologists and so forth is not only identifying the tumor by the site but also by the morphology. Now, this book, which I said was the first.

GC: And that's the S-N-O-P?

CP: This was SNOP, published by the College of American Pathology. In SNOP, Sections eight and nine were Neoplasms. The cancers were in Sections eight and nine, because Section eight had a connection in ICD.

GC: And ICD is the International . . .

CP: The International Classification of Diseases.

GC: Okay.

CP: In there, eight was designated as the first numeral of the classification for cancer. Now, we shouldn't look in SNOP because SNOP has nothing to do with ICD.

GC: Okay.

CP: The "International Classification of Diseases" is put out by WHO. SNOP was put out by the College of American Pathology. The only thing that's the same is the morphology section. Since the neoplasm section of SNOP began with 8000, even today the morphology section of ICD-O starts with eight. I think this history is written up some place. I don't remember whether it's SNOP or an ICD-O (first edition). And we ran out of space on eight, so it was eight and nine. There may be some history that you can read as an introduction of this but the important thing about this was that this was an American venture.

GC: SNOP was an American product?

CP: Yes. ICD, as the first word will tell you, is an international effort, and it was published by WHO in Geneva.

GC: And you were working on this as well, the ICD?

CP: Yes, so I went from SNOP to ICD-O.

GC: From SNOP to ICD-O.

CP: And with ICD-O the agreement was that the neoplasm section would be in here. I guess I can show you this. This is only the morphology, you understand.

GC: Right, and you were working on this as a representative of the NCI?

CP: No, at that time it was ACS.

GC: It was still ACS working on this project?

CP: Yes. I didn't come here to NCI until 1970. You see reading classification numbers for cancer, "8000, neoplasms, 8000/0, neoplasms benign, 8000 /1, neoplasms NOS," and so forth. And you'll find that it's essentially exactly the same.

GC: Okay. What does NOS stand for?

CP: Not Otherwise Specified.

GC: Okay.

CP: So, this really is the same as this in SNOP.

GC: Okay. The numbers match up.

CP: And then they went from SNOP, which was too heavy to carry, to ICD-O. The rest of SNOP has other parts, other than neoplasms.

GC: Oh, it's all diseases.

CP: It's *all* diseases. This consisted of, for example, congenital malformation, pregnancies and abortion, all different chapters. Chemicals and bacteria. You name it. It covers everything. But ICD-O is only for neoplasms. Neoplasms. This means tumors, and they can be malignant and they can be benign. Most of us still today only collect the malignant. Then there's a group called, "uncertain whether malignant or benign," the in-betweens. But in cancer registries, most of them only collect the malignant and what we call *in situ*.

GC: How does that differ from malignant?

CP: That's really sort of the beginning stages, carcinoma *in situ*. It's not invasive. That's the best word here: non-infiltrating. Well, as soon as cancer invades, spreads, metastasizes, then it's carcinoma.

GC: So an *in situ* tumor might be one that you find that hasn't spread to other parts of the body yet?

CP: No, it's a little earlier than that.

GC: Oh, okay.

CP: Carcinoma *in situ* is quite a frequent thing. *In situ* means "in the site"; it hasn't spread anywhere yet.

GC: Right.

CP: Okay?

GC: Okay.

CP: So this went into effect in 1976, and it was translated into about eleven or twelve languages.

GC: And you said you just were over at a conference?

CP: Yes, we are now starting ICD-O-3, an international group [International Association of Cancer Registries (IACR)], instead of WHO. So, I've done most of the talking, but I may not have made some things clear, so you can ask me.

GC: Okay. So you said it's no longer the World Health Organization that's doing this?

CP: IARC is doing it now.

GC: What is IARC?

CP: International Association for Research on Cancer. You see, at WHO there used to be somebody in charge of cancer. He recently retired and they decided not to renew his position. A big difference being that WHO is located in Geneva, Switzerland, and IARC is located in Lyon, France. IARC was started by an American, Dr. John Higginson, and you might get some information from Dr. Higginson, he lives here.

GC: In this area?

CP: In Bethesda, as far as I know. He's head of something downtown, right next to that Holiday Inn, sort of in Georgetown, upper Georgetown.

GC: Yes. I know where the Holiday Inn is.

CP: Yes. I've been there. I think he works there, not full time but part time. But he was the first head of IARC, in Lyon. And after he had been there a long time, he retired and came back here.

GC: How does the Cancer Registry work into what the National Cancer Institute does? What exactly do you do?

CP: Well, I work for the SEER Program, which stands for surveillance, epidemiology and end results, S-E-E-R. So we survey how many cancer cases there are, and since it is too expensive to do the whole United States, we have "representative" areas. We have now ten of them. We always had nine. The only one that's been added most recently is Los Angeles. We always had the area around San Francisco; we had the five counties in San Francisco. They were always part of the SEER registries. Now the newest one is Los Angeles County, which is, of course, huge. It lists in any one of our publications the ten areas.

GC: Are these similar to the ten areas in the Ten City Survey?

CP: Nothing to do with it.

GC: Okay.

CP: Here's a map. I can read it easier from here. There are five states and five metropolitan areas. You may be interested in reading this; there's a little history here. I'll be glad to give you one of these books.

GC: That would be great.

CP: It tells you in the Introduction, "beginning here the first code manual which was published by the American Cancer Society, the Manual of Tumor Nomenclature and Coding."

GC: And that's one that you worked on?

CP: Yes. I have another one previous to this. It gives you a history there for about a paragraph. What I was showing you was, I wanted to show you the people. I may have a map. Anyway, they comprise the state of Iowa, and there's Ann Arbor, wait, those are cities. Let me see. I'll write them down. Iowa, New Mexico. We were particularly interested not so much as random samples, but we wanted certain things, like a lot of ethnic populations, which we get in places like New Mexico, for example, the Native Americans. Utah is a state. We got from, you know, from the Mormons, and they're quite different, so again that was in mind. Now the cities, LA, as I said, is the most recent. In February 1999, the Native American population in Alaska was added. We always had the San Francisco Bay area. Detroit, Michigan, is a metropolitan area, and the five counties around Detroit. Atlanta, Georgia was in the ten, I think they were in the Ten City Survey. I'll give you a map with them blocked out or something when we go back in our office. We also have rural Georgia. About 14 percent of the United States population.

GC: The SEER area represents about 14 percent?

CP: The SEER Program now. It used to be 10% but when we took on LA, it increased.

GC: By 4 percent?

CP: A lot of people there.

GC: Yes.

CP: I have Utah. We're missing a few here. I'll think of them.

GC: Okay. So, how would you say that cancer registries and cancer registration has developed since you've been at the NCI? Have you seen it grow or change?

CP: Tremendously.

GC: Can you tell me a little bit about that, how it's changed since you came here?

CP: Well, Connecticut was the only registry. We did the third National Cancer Survey, which you can read. It will tell you what areas were. The national surveys were really the basis of the SEER Program. At the end of the Third National Cancer Study, they decided this should be an ongoing project, and so in 1973 the SEER Program was formed and Dr. Sydney Cutler was the first head. Actually the way I came, one of the reasons they wanted me to come was because Dr. Young, who was in the program, was going to North Carolina to take his Ph.D. He was only Mister John Young. So I came to replace him, at the end of the Third National Cancer Survey, to work for Dr. John Bailar, and John Young went and got his Ph.D. Actually, I think he has a Doctor of Public Health. When he came back, he took over as the head of the SEER Program from Dr. Cutler. The secretary that was secretary to the division, she works on this floor, right over there.

GC: Really?

CP: Jenny [Jennifer] Gaegler. She was here when I came, she and another girl, and she might be able to tell you some historical stuff in more detail. She left after a while. She got married and had a family, but now that she has raised her children and they're all grown up, she's back here.

GC: So, have you worked with the SEER Program since 1973?

CP: Yes.

GC: Okay. And that's been your main project here? Or have you worked on others?

CP: Well, as a sideline, these books. I emphasize, but at first I you know, we go round talking about this morning the quality control of our registries, seeing that they are doing their work well. This has been out on contract and we just cancelled the contract and we're going to do it ourselves now.

GC: Oh, really. How's that going to change the program?

CP: Of course, more money—for *us*, although we contracted out, so in the long run that's probably the same but maybe it will be less. But since the organization that did it up until now has just been closed, disintegrated, and nowadays the CDC has been much more active in cancer registration. Their aim originally was to have a cancer registry in every state, and we always sort of looked down on it because they couldn't possibly maintain the quality that you can in eleven registries.

GC: Just spreading too thin if you did every state?

CP: Yes. And they didn't have the personnel or trained or anything to go around.

GC: So how exactly is the information collected for cancer registries?

CP: Well, you have the cancer registry, let's take Iowa, one of the original. There usually, the University of Iowa had a registry. It was part of the End Results Program. I think it also was one of the ten city studies, in Iowa, the University. Previous to SEER, or even while SEER was existing, there was something called the End Results Section.

GC: The End Results?

CP: Yes.

GC: Okay.

CP: And they had various areas also where they collected cancer cases. One of them was the University of Iowa . . . and Connecticut was very active in the End Results Section.

GC: And was this a section of the NCI?

CP: Yes, yes, yes. This was one of the sections of the NCI. So eventually the End Results Section was really split up and SEER came along and really replaced it.

GC: So who is this information most useful to? Can you tell me a little bit about where the information goes once it's collected?

CP: Well, the SEER information?

GC: Yes.

CP: Everybody and his Tom, Dick, and Harry wants to know how many cancers there are; is it increasing; is it decreasing; is a certain site, is breast cancer coming down, prostate cancer is going up like mad—and they get all their figures from us.

GC: Okay. And do you do any of the giving out of information, or is there a whole other section?

CP: I think your friends up in OCC [Office of Cancer Communications] do that, but they have to get their figures from us.

GC: Okay. So, you're the information database?

CP: Yes.

GC: For what goes out.

CP: Yes.

GC: I wanted to just go back a little bit. This interest in cancer registries is this building up of all these kinds of cancer, did that come from the medical community, or did that come from the NCI in particular, or the ACS in particular, or do you have any sense . . .

CP: All of them that you just mentioned were involved. The ACS, the American Cancer Society, wanted data. They didn't have any data on how many cancers there were and so forth, so they were interested in supporting these registries. NCI had more ability to support registries and then they decided they would have more control if they had their own set of people.

GC: Right. And was the ACS interested because you mentioned that they do a lot of fundraising. Was the idea that they wanted some data so that they could explain why it was important to fund this kind of research?

CP: Yes. A man called E. Cuyler Hammond was head of Statistical Research at ACS and he was the one that started and supported SNOP. SNOP was actually done in the ACS offices, and Dr. Hammond designated me to be in charge of it. But we were still interested mainly in the cancers and malignant neoplasms, or neoplasm section, which of course this book was, and eventually the College of Pathology took over, because they did everything, not just neoplasms, and NCI confined their efforts to ICD-O.

GC: How has the NCI changed in general since you've been here?

CP: It's larger. It's not such a small working group. It has a lot more people, naturally, and divisions. It used to be just four divisions, I think, and now I think there is about six.

GC: They keep reorganizing.

CP: Yes. And they're still reorganizing. Their specialty is reorganization.

GC: Not cancer, but reorganization?

CP: Yes. Well, remember there's Congress giving us a lot more money, because everybody wants the cure for cancer, and they think money will help, and so they have a big appropriation, so they have to expand to spend this money.

GC: Now, you came in right before the National Cancer Act was passed.

CP: Yes, that's right, with Nixon, during the Nixon administration.

GC: What did you think of all that? What was the atmosphere like when that was passed?

CP: Well, there was great excitement, because we were getting so much money, and it and the NCI expanded very rapidly.

GC: Was that a helpful expansion or a positive expansion?

CP: Yes, because the more you expanded, the more people you had. Remember, there's a big research section and that's rather important going on in the clinical field and the Pathology Department at NCI.

GC: How much contact did you have with these other sections? Like did you do any work with people at the Clinical Center directly? Or, I know you had a lot of contacts.

CP: Well, I had contacts really only with the pathologists, where I spent practically full time working with them when we were developing these books.

GC: Right.

CP: But it was always the pathologists. Nowadays, like I said, I mentioned Elaine Jaffe, we have to do the hematology, and the lymphoma experts. That's what Dr. Jaffe really is, she's one of the leading lymphoma experts in the world. She's now in the midst of editing what we call a Blue Book.

GC: A Blue Book?

CP: That's the WHO publications on the various, usually sites, but lymphoma is a morphologic type. She's doing, I think, both lymphomas and leukemias. Are you planning to see Dr. Fraumeni?

GC: He's on my list. I'm not sure if I'm going to get to him or not. I'd like to. Would you suggest that I talk to him?

CP: Yes.

GC: He's been around a long time.

CP: Yes.

GC: Yes, his name comes up quite a bit.

CP: He is head of the other division in this building.

GC: Which is?

CP: I'm not sure of his exact title. You'd better, I think they put out information the administrative structure, there's a sheet of paper that you should have.

GC: Yes, I have it somewhere.

CP: You have that?

GC: Yes, I can look him up. I just didn't know if you knew it off-hand.

CP: Maybe Cancer Control, or something like that.

GC: Dr. Thomas also told me to ask you about Harold Dorn, who we talked a little bit about.

CP: He was the editor I mentioned him to you in the beginning.

GC: Right.

CP: He was. This was his work.

GC: Right.

CP: And if you want to read any of this, it isn't too long. "Times never change." I opened to this page. The greatest disagreement arose from the diagnosis of cancer of the brain. Nearly one-half the deaths of brain tumors are not malignant. The trouble with brain cancers is not so much that it's malignant, but it's the *location* in the brain. If it's in a part of the brain that causes your thinking, that is, it depends on where it is in the brain how serious it is.

GC: So even if it's not malignant, if it's in a very crucial spot.

CP: Yes.

GC: It might kill you anyway.

CP: Yes.

GC: So was the disagreement over that, whether that was malignant or not? Or over whether it was?

CP: Well, even today, at the moment, as I said, we only collect malignant and *in situ* tumors. Then when it comes to the brain, a lot of people aren't satisfied with that, because we only collect malignant cases of the brain. We had a meeting about a year ago and I think eventually we will . . . some places like Connecticut have collected brain tumors for a long time.

GC: So that includes what might be classified as benign tumors?

CP: Yes.

GC: Okay.

CP: But as I think in maybe with 1998 cases, see, we're usually a couple years behind in collecting the cases. By the time they all come in to a central area and get put on the computer and tabulated, this all takes at least a year and a half. Some places have what's called rapid reporting, but that's really the local area.

GC: Do the doctors report to you? Or is it the pathologists who do the autopsies? Or who?

CP: In the old days, the first place you went to was the pathology lab and went through all the pathology reports. And one of the big things now is that, because of the way medicine is, you'd have to go to radiography to get the people treated only by x-ray and that weren't operated on, because most of the operation reports go to the path lab to see whether they have a malignant cancer or not.

GC: Right.

CP: And so, but nowadays the way medicine is practiced, that's why things are changing and we have to change our ways as well. A lot of people don't go to a hospital or be operated on, or they're in outpatient departments. An example, I'll use myself. I don't know if you're familiar but I have to have a cataract operation. The first time I had it, I went to Holy Cross Hospital and I had it out. Now the doctor tells me there is an Eye Institute in Silver Spring that just specializes in eye and has a full outpatient department, I guess, so you don't have to, unless your doctor feels you have other medical conditions that need to be in a hospital, you can go just to this facility. It's evidently much more pleasant. I'll tell you after I've been.

GC: That's good to hear. I've noticed there are hospitals that specialize just in cancer, too, so that you can go for cancer treatment.

CP: Oh, yes. There always have been. Actually, when I was still at Memorial, I was offered a job, and M. D. Anderson was just being built. They were forming the staff and they needed a statistician to be on board and to start a tumor registry. They offered me the job, but I had two little children and I wasn't about to leave New York at that time.

GC: And go all the way to Houston?

CP: When I finally did, they were grown up.

GC: The other person Dr. Thomas mentioned was Joe Mountain.

CP: Yes. I don't know who he is.

GC: You don't?

CP: No.

GC: Okay.

CP: Maybe somebody like Dr. Fraumeni would know him.

GC: Dr. Thomas remembered him as being the administrative officer who worked with Harold Dorn.

CP: Maybe.

GC: But he's not someone you ran into?

CP: He wasn't, all I can say is, he wasn't here when I came.

GC: Okay. That's fine. I'll just ask Dr. Thomas about him.

CP: Maybe Dr., who I told you . . .

GC: Dr. Berg?

CP: Well, you could even ask him if he knew Mr. or Dr. Mountain.

GC: Okay.

CP: Because he was not the AO, Administrative Officer. I assure you I know the AOs now. In fact, they're waiting for me to be finished because they're such fuss budgets.

GC: Well, should we wrap this up then?

CP: Oh. Don't worry. They can wait as long as, I don't care. I'll be glad to answer anything you think of.

GC: I was just wondering if you've noticed changes in the NCI as the directors have changed?

CP: Oh. I've been through at least ten directors.

GC: Can you tell me about how things have changed under the different directors? Or who you remember working with?

CP: I mean, there were people like Carl Baker, who I knew very well. Ken Endicott was a lovely man, and Dr. Heller, who I had known because he eventually went to Memorial, to head Sloan-Kettering Memorial. He got a stroke, a very severe stroke, and he was sort of crippled the rest of his life here. He really couldn't assume the full duties as head of NCI. They must have a list of all the directors.

GC: Well, Dr. Endicott was director before you came here. Is that right? He was the director in 1950.

CP: Yes.

GC: So you knew him anyway, though, just from working with NCI people?

CP: Yes. But I think he had a connection with Memorial. He became head, he had the stroke while he was at Memorial.

GC: Heller did? Or Endicott?

CP: Heller. And there was one man who didn't last very long. I can envision him; I can't think of his name.

GC: Is that Arthur Upton?

CP: Yes.

GC: He came in right after the Act was passed.

CP: Yes.

GC: And just stayed a couple of years.

CP: What was his last name?

GC: Arthur Upton.

CP: Upton. Yes, because he went, he was involved with ACS, too.

GC: Yes, yes. And he's up in New York now.

CP: Yes. You want to mention some more?

GC: Sure. After Dr. Upton, Dr. DeVita.

CP: DeVita. Well, of course, I knew Dr. DeVita, see they all ended up back at Memorial, except Dr. DeVita is in Connecticut, at Yale.

GC: Yale, and Dr. Rauscher?

CP: Oh, yes.

GC: He was before Dr. DeVita. What was Dr. Rauscher like?

CP: Better not tell you.

GC: Not your favorite?

CP: Oh, he was a very nice man. He liked the ladies.

GC: Oh.

CP: You might go to visit Sue Hubbard. You know her?

GC: Sue Hubbard. I've heard her name.

CP: She's in the Information Section]of OCC. You can go and talk to her. Don't ask her about him

GC: Don't ask her?

CP: No.

GC: Okay. I won't then.

CP: I always remember when I first came here, there was some sort of retirement party, I guess, for somebody. It was at the Navy— they always still are, you know, in the commissioned officers' club in the Navy.

GC: Sure, yes.

CP: And I was sitting there like you and I are sitting here, at a small table having cocktails or something. I really didn't know the people very well, and I heard the story about Dr. Baker and I started repeating it, at which Dr. Thomas, who was also there, gave me a kick under the table that nearly broke my leg. That's the story I remember about Dr. Baker.

GC: Dr. Rauscher or Dr. Baker?

CP: Dr. Baker.

GC: Oh, Dr. Baker?

CP: Yes.

GC: Oh, okay. What was Dr. DeVita like?

CP: Well, he's a very capable scientist, but he wasn't as good at dealing with people, so a lot of people hated his guts.

GC: When the directors came in, did they change what you did directly? Did that affect the SEER Program, or did that affect your work at all?

CP: Not too much.

GC: What kinds of changes did you notice when directors came in?

CP: Oh, we got continuingly increasing budgets, which was good, you know, because they all wanted data for their talks. They needed to get the data on cancer statistics from SEER. Even today the head of NCI, Dr. Klausner, has to report downtown to appear before Congress, and he needs to get his figures from us. Some of the people work very hard at that time of year to get a report ready for him, showing the latest figures, that cancer is…I think this year it was that it was the first year mortality remained steady.

GC: Right, that was the exciting news.

CP: But that prostate went up and breast cancer I think had a *slight* decrease, and that's very exciting. And we work closely with the National Center for Health Statistics, which is not in the, you know, it's not in the NIH, let's say. The National Center for Health Statistics is under CDC.

GC: Do you work closely with the Director's office? Do you ever talk to the Director directly?

CP: Which Director, now?

GC: I'm sorry.

CP: The National Center for Health Statistics?

GC: I was thinking of the…

CP: Of course, who at present is Dr. Edward Sondik, and Dr. Sondik used to be our boss. He was head of the SEER Program for quite a few years when it was first formulated. He became head of the Division of which SEER was under, when we were in the Blair Building.

GC: Okay. Well, when you give information to the directors of the NCI, like for Dr. Richard Klausner, do the two staffs just work together, or do you ever have any direct contact?

CP: What do you mean, two staffs? NCHS?

GC: No, I was thinking like his office, the SEER office and the Director's office. Do you talk directly to the Director or do his people call your people, that kind of thing?

CP: What they usually have is a seminar that doesn't fit anymore in this room. Our boss is Dr. Edwards now, Brenda Edwards, and she usually gives the report. Or if you're reporting to the Board, she'll give a report to the Board after we've supplied all the data. But she's our direct boss.

GC: The only director we didn't talk about is Samuel Broder, who was here for eight years.

CP: Yes, yes. We always called it the Broder Report. I mean, everyone was terrified of him.

GC: Oh, it was just so important, or?

CP: Well, he had a sort of brusque manner, or I wouldn't say kindly. You know, he would bark out questions.

GC: So it was a little bit stressful?

CP: Yes, it was very stressful when we met with him. I guess he was one of the longest in office though.

GC: Yes, about eight years. He and DeVita both were about eight years.

CP: Yes.

GC: What do you feel has been your favorite part of working at the NCI?

CP: Mine?

GC: Yes, in your career here.

CP: Well, of course, I love the international work and meeting people all over the world. When we first did this, I went around the world.

GC: The ICD-O?

CP: And tested it in various countries.

GC: Oh, really?

CP: It was very nice. Contacts to make, it was in the 1970s you know, and it wasn't too long after I first came here.

GC: So this was in the 1970s?

CP: Yes.

GC: ICD-O-1 came out in 1976.

CP: This first one came out in 1976, yes.

GC: So 1976, 1977, you were doing a lot of traveling then?

CP: Must have been before that.

GC: Oh, because you were testing it before it came out.

CP: I think I went around the world in early 1976, and this was actually published in December.

GC: That must have been a great year.

CP: That was the first year. I've been around since again.

GC: Have you?

CP: You see, we have a lot of international organizations, of which I belong, and they meet, like the International Association of Cancer Registries, which is run by IARC, where I told you I just was, meets every year in a different part of the world. This year for the first time in many, many years it's meeting in Atlanta in August, but the international meeting is in Rio. That only meets every four years. The last time was in India.

GC: Did you go to that one?

CP: Oh, yes. I could live without it. It's a horrible place. I mean, you see such horrible sights and they're so poor. If you travel out of the big cities, like New Delhi, there's such a contrast between the fancy hotels and then you go out into the country and they don't even have a push cart to push. I've been to China, too, which was very interesting.

GC: Was that difficult as well?

CP: Difficult? Well, I did two trips in China. First, I went for business and it was mainly in, not in Hong Kong, I did go to Hong Kong but in, what am I trying to say, the main city.

GC: Beijing?

CP: Beijing. Yes. I traveled from Beijing through the main sights of China, like Guilin, where President Bill Clinton started his trip. I don't know if he went to Guilin. It was the prettiest part. At that time I had to go through Hong Kong, because that was the only way to get to the China work and eventually in.

GC: Oh, really?

CP: So, that was one of my highlights of one of my trips. I mean, just for that.

GC: You've talked about a few people you thought I should go talk to. Is there anyone else you can think of that I should consider talking to? You mentioned Dr. Berg in Denver.

CP: And I mentioned Dr. Fraumeni, which you said you had on your list. Oh, I would pick, oh yes, I know somebody, in this building. He works really with Fraumeni, and Gil [Gilbert] Beebe.

GC: Gil Beebe.

CP: He's in this building [Executive Plaza South]. He works with Dr. Fraumeni. Dr. Fraumeni's group moved to Executive Plaza North in early 1999.

GC: And has he been here a long time?

CP: He's been here a very long time. Maybe it would not be necessary, maybe both Fraumeni and Gil Beebe would tell you, but they're very friendly and let one of them decide.

GC: Who to go to ?

CP: I suspect that Gil Beebe would be better. I mean, he would have more time probably, but I think Fraumeni ultimately is his boss.

GC: Okay.

CP: So it probably would be up to him. You could say to Dr. Fraumeni, "Your name was given to me and Dr. Beebe and I'm interested in the history." I remember Dr. Fraumeni as a little boy, running around in Italy.

GC: Oh, really!

CP: We used to go to these international congresses. There's another person who doesn't work here and I don't know if he would talk to you or not. His name is Joe Scotto.

GC: Joe Scotto.

CP: He lives in Upper Marlboro. I know you could get his address or phone number from Dr. Fraumeni. He was here when I came and he had been here a while.

GC: Okay. Sounds good.

CP: There are a few other people, but I think they will all tell you the same thing.

GC: Yes. Okay. Is there anything you'd like to add before I stop the tape? Any questions I haven't asked you about working at the Institute or any of these projects in particular?

CP: Of course, you know that NCI used to be separate from NIH.

GC: How so?

CP: What?

GC: How do you see that?

CP: Well, there was at one time. I don't know even now whether we are directly under Dr. Varmus.

GC: It is considered one of the National Institutes of Health. The budget is different.

CP: Yes. Well, I guess that's what I mean. The budget is separate.

GC: Right. They have a bypass budget that is totally separate.

CP: Yes.

GC: But yes, it's still under the National Institutes of Health.

CP: It's within the compound anyway.

GC: Yes, yes. But yes, the money is completely different.

CP: Yes.

GC: And that's from that 1971 Act.

CP: Yes, the Cancer Act of 1971.

GC: And there is a separate President's Cancer Panel, and the National Cancer Advisory Board and all that. That was all set up separately, but the NCI is still technically under Dr. Varmus.

CP: There must be, I should think, some other old employees, even within OCC. Somebody like Pat [Patricia] Newman has always been there as long as I have. You see, her husband worked, was in the SEER Program.

GC: Okay.

CP: He was in the Blair Building, when we were in the Blair Building, and he eventually left and went to NCHS. There's a lot of crossing over. [Laughs] Of course, they all employ statisticians and epidemiologists, and that's what we have. So, if you think of something else and want to ask me, I'm here.

GC: Okay.

CP: I won't be here for the next three weeks, because I'm going on vacation, but I do want to give you this list and I want to go in my office and get a list.

GC: Okay. I'll stop the tape.

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[1] Harold Dorn, *Illness from Cancer in the United States*, Public Health Reports, vols. 2, 3, and 4, Reprint #2537, January 14, 21, and 28, 1944.

[2] Harold Dorn and Sidney Cutler, *Morbidity from Cancer in the United States*, Public Health Mono. No. 56.